

# Spotlight on Your Benefits



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## Plan News for July 1, 2015



### What's Changing?

#### Premiums

- **Premiums change** for all plans except the TRICARE supplement.

*See page 3.*

#### COVA Care

- **Plan year deductible** increases to \$300 for one person and \$600 for two or more.
- **Prescription drug copayments** will now count toward the out-of-pocket expense limit.
- **Physical therapy copayment** decreases to \$15 for both primary care and specialist visits.
- **Routine hearing exam frequency** under the optional vision and hearing buy-up increases to once per plan year from once every 48 months.

*See pages 4–5.*

#### COVA Care and COVA HDHP

- **Compound drugs** are covered only if the primary ingredient is FDA-approved.

#### COVA Care, COVA HDHP and COVA HealthAware

- **Web-based programs** give 24/7 access to a doctor for a primary care copayment or consultation fee.

*See page 6.*

#### Flexible Spending Accounts (FSAs)

- **Maximum contribution to a Health FSA** increases to \$2,550 from \$2,500.
- **Improper FSA payments** may be deducted from your pay.

*See page 7.*

#### Premium Rewards

- **More flexibility** in meeting requirements for those enrolled in COVA Care and COVA HealthAware as of July 1, 2015.

*See page 2.*

## OPEN ENROLLMENT

Health Care and Flexible Spending Accounts

**May 1 – May 22, 2015**

Effective for Plan Year  
July 1, 2015 – June 30, 2016

### Your Open Enrollment Choices

#### Health Care Coverage

- **Enroll in or change** your health plan.
- **Keep** your current plan.
- **Consider** optional buy-ups for COVA Care, COVA HDHP and COVA HealthAware.
- **Waive** health care coverage.
- **Add or remove** family members.

***Reminder:** Employees who enroll or fail to remove a family member ineligible for coverage may face disciplinary action and removal from the State Health Benefits Program for up to three years.*

#### Flexible Spending Accounts (FSAs)

- **Enroll** in a Health or Dependent Care FSA or both.
- **You must enroll** every year to have an FSA.



**ALEX IS HERE TO HELP  
AND BETTER THAN EVER!**

Let your favorite online benefits counselor walk you through the health plan options. ALEX will use your input to let you know how the plans work for you. Check out ALEX's new look and the additional modules available to you. And he has some new jokes! Visit [www.alexforcova.com](http://www.alexforcova.com).

### Submit Your Election In Two Ways!

- **Log on to EmployeeDirect** at <http://edirect.virginia.gov>. Be sure your personal information is accurate.
- **Complete and submit an enrollment form** to your agency Benefits Administrator.

# COVA Care and COVA HealthAware Save Money Every Month with a Premium Reward!

If you are **enrolled in these plans on July 1, 2015**, you can earn a premium reward to reduce your premium every month AND help you get on the road to better health.

## What Do I Receive?

- A \$17 reduction in your monthly premium contribution or your spouse can participate to earn the same amount.
- If you both participate, you earn \$34!

## How Do I Qualify for a Premium Reward?

Just complete two **Healthy Actions** and you are on your way! To get started go to [www.myactivehealth.com/cova](http://www.myactivehealth.com/cova).

**#1: Complete a Personal Health Assessment** about your health and lifestyle.

- Complete or update your health assessment by using the “Wizard” or you can review the questions in each category.
- **You must answer all required questions to receive credit for completion.**
- Click “Submit Now” once you have answered the questions.

**#2: Report Your Biometric Screening Results** to benchmark and evaluate changes in your health over time.

- Print a Physician Results Form from MyActiveHealth.
- Follow the instructions on the form to report your biometric screening results.
- Keep a copy of your confirmation e-mail or letter stating your form has been accepted.

**First time user?** You will need to create an account using your Employee ID number. If you do not know your Employee ID, see your agency Benefits Administrator.

If you don't have access to the Internet, call MyActiveHealth at **1-866-938-0349**.

Spouses not enrolled in a state health plan will need to call the toll-free number for help to complete the **Healthy Actions**.

**Important!** If you call ActiveHealth to “opt out” of MyActiveHealth, you will be unable to receive any program incentives during your opt-out period, including Premium Rewards.

## Requirements to Earn a Premium Reward Beginning July 1, 2015

**By June 30, 2015**

- Complete or update your health assessment at [www.myactivehealth.com/cova](http://www.myactivehealth.com/cova). A health assessment completed as early as March 1, 2015, will qualify.
- Report Biometric screening results.
  - If you have already submitted your results, there's no need to report them again.
  - Measurements taken as far back as April 1, 2013, will qualify.
  - If you are not sure you have submitted your results, contact your Benefits Administrator.

Regardless of your current plan enrollment, you can complete the requirements for a Premium Reward by June 30, 2015, even if you are not enrolled in COVA Care or COVA HealthAware.

## New For July 1, 2015

### More Flexibility During the Plan Year!

**Enrolled in COVA Care or COVA HealthAware on July 1, 2015, and didn't meet the requirements by June 30?**

You can complete a health assessment and biometric screening at any time through **May 31, 2016**. Your Premium Reward will take effect the first of the month after completion of both requirements.

### Important! Enrollment After July 1, 2015

If you enroll in COVA Care or COVA HealthAware effective **August 1, 2015**, or later, you won't be eligible for a premium reward until **July 1, 2016**.

The good news is you will still have access to your personal health portal and associated wellness tools and information at [www.myactivehealth.com/cova](http://www.myactivehealth.com/cova).

# Commonwealth of Virginia State Health Benefits Program

## Employee Monthly Premiums for July 1, 2015 – June 30, 2016

Full-time employees pay the "Employee Pays" amount. Part-time salaried employees pay the Total Premium.

**Please note:** Get a Premium Reward if you are enrolled in COVA Care or COVA HealthAware effective July 1, 2015! You or your enrolled spouse must complete certain healthy actions to save \$17 a month or \$34 when both of you meet the requirements.

Health Care Plans		Premium			Premium with Rewards				
		You Only	You Plus One	You Plus Two or More	You Only	You Plus Spouse		You Plus Spouse and More	
					Employee	Employee or Spouse	Employee & Spouse	Employee or Spouse	Employee & Spouse
COVA HealthAware	Employee Pays	\$23	\$78	\$90	\$6	\$61	\$44	\$73	\$56
	State Pays	\$543	\$973	\$1,427	\$543	\$973	\$973	\$1,427	\$1,427
	Total Premium	\$566	\$1,051	\$1,517	\$549	\$1,034	\$1,017	\$1,500	\$1,483
COVA HealthAware + Expanded Dental	Employee Pays	\$49	\$129	\$167	\$32	\$112	\$95	\$150	\$133
	State Pays	\$543	\$973	\$1,427	\$543	\$973	\$973	\$1,427	\$1,427
	Total Premium	\$592	\$1,102	\$1,594	\$575	\$1,085	\$1,068	\$1,577	\$1,560
COVA HealthAware + Expanded Dental & Vision	Employee Pays	\$58	\$144	\$187	\$41	\$127	\$110	\$170	\$153
	State Pays	\$543	\$973	\$1,427	\$543	\$973	\$973	\$1,427	\$1,427
	Total Premium	\$601	\$1,117	\$1,614	\$584	\$1,100	\$1,083	\$1,597	\$1,580
COVA Care	Employee Pays	\$76	\$175	\$235	\$59	\$158	\$141	\$218	\$201
	State Pays	\$543	\$973	\$1,427	\$543	\$973	\$973	\$1,427	\$1,427
	Total Premium	\$619	\$1,148	\$1,662	\$602	\$1,131	\$1,114	\$1,645	\$1,628
COVA Care + Out-of-Network	Employee Pays	\$91	\$195	\$263	\$74	\$178	\$161	\$246	\$229
	State Pays	\$543	\$973	\$1,427	\$543	\$973	\$973	\$1,427	\$1,427
	Total Premium	\$634	\$1,168	\$1,690	\$617	\$1,151	\$1,134	\$1,673	\$1,656
COVA Care + Expanded Dental	Employee Pays	\$103	\$226	\$313	\$86	\$209	\$192	\$296	\$279
	State Pays	\$543	\$973	\$1,427	\$543	\$973	\$973	\$1,427	\$1,427
	Total Premium	\$646	\$1,199	\$1,740	\$629	\$1,182	\$1,165	\$1,723	\$1,706
COVA Care + Out-of-Network + Expanded Dental	Employee Pays	\$118	\$246	\$341	\$101	\$229	\$212	\$324	\$307
	State Pays	\$543	\$973	\$1,427	\$543	\$973	\$973	\$1,427	\$1,427
	Total Premium	\$661	\$1,219	\$1,768	\$644	\$1,202	\$1,185	\$1,751	\$1,734
COVA Care + Expanded Dental + Vision & Hearing	Employee Pays	\$119	\$253	\$349	\$102	\$236	\$219	\$332	\$315
	State Pays	\$543	\$973	\$1,427	\$543	\$973	\$973	\$1,427	\$1,427
	Total Premium	\$662	\$1,226	\$1,776	\$645	\$1,209	\$1,192	\$1,759	\$1,742
COVA Care + Out-of-Network + Expanded Dental + Vision & Hearing	Employee Pays	\$134	\$273	\$377	\$117	\$256	\$239	\$360	\$343
	State Pays	\$543	\$973	\$1,427	\$543	\$973	\$973	\$1,427	\$1,427
	Total Premium	\$677	\$1,246	\$1,804	\$660	\$1,229	\$1,212	\$1,787	\$1,770
COVA HDHP	Employee Pays	\$0	\$0	\$0					
	State Pays	\$465	\$864	\$1,262					
	Total Premium	\$465	\$864	\$1,262					
COVA HDHP + Expanded Dental	Employee Pays	\$26	\$51	\$77					
	State Pays	\$465	\$864	\$1,262					
	Total Premium	\$491	\$915	\$1,339					
Kaiser Permanente HMO – (available primarily in Northern Virginia)	Employee Pays	\$59	\$141	\$201					
	State Pays	\$514	\$913	\$1,335					
	Total Premium	\$573	\$1,054	\$1,536					
TRICARE Supplement	Total Premium	\$61	\$120	\$161					

## 2015 Benefits at a Glance

	COVA HealthAware (Aetna)	COVA Care (Anthem)	COVA HDHP (Anthem)	Kaiser Permanente HMO (Kaiser)
<b>Health Reimbursement Arrangement (HRA)</b> Employer deposit to your HRA on July 1, 2015	\$600 employee \$600 enrolled spouse	Not available	Not available	Not available
<b>In-Network Benefits</b>	<b>You Pay</b>	<b>You Pay</b>	<b>You Pay</b>	<b>You Pay</b>
<b>Deductible – per plan year</b>				
• One person	\$1,500	\$300	\$1,750	None
• Two or more persons	\$3,000	\$600	\$3,500	None
• Pharmacy expenses apply toward deductible	Yes	No	Yes	No
<b>Out-of-pocket expense limit – per plan year</b>				
• One person	\$3,000	\$1,500	\$5,000	\$1,500
• Two or more persons	\$6,000	\$3,000	\$10,000	\$3,000
• Pharmacy expenses count toward out-of-pocket limit	Yes	Yes	Yes	Yes
<b>Doctor's visits</b>				
• Primary care physician	20% after deductible	\$25	20% after deductible	\$25
• Specialist	20% after deductible	\$40	20% after deductible	\$40
<b>Hospital services</b>				
• Inpatient	20% after deductible	\$300 per stay	20% after deductible	\$300 per admission
• Outpatient	20% after deductible	\$125 per visit	20% after deductible	\$75 per visit
<b>Emergency room visits</b>	20% after deductible	\$150 per visit (waived if admitted)	20% after deductible	\$75 per visit (waived if admitted)
<b>Ambulance travel</b>	20% after deductible	20% after deductible	20% after deductible	\$50 per service
<b>Outpatient diagnostic, laboratory, tests, injections and x-rays</b>	20% after deductible	20% after deductible	20% after deductible	\$0 lab, pathology, shots, radiology, diagnostic tests \$75 specialty imaging
<b>Infusion services (includes IV or injected chemotherapy)</b>	20% after deductible	20% after deductible	20% after deductible	\$25 PCP \$40 specialty
<b>Outpatient therapy visits</b>				
• Occupational and speech therapy	20% after deductible	\$25 PCP/\$35 specialist	20% after deductible	\$40
• Physical therapy	20% after deductible	\$15	20% after deductible	\$40
• Chiropractic (30-visit plan year limit per member)	20% after deductible	\$35	20% after deductible	\$40
<b>Applied behavior analysis (ABA) for autism spectrum disorder—ages 2 through 6</b>	20% after deductible	\$25 per service	20% after deductible	\$25 per visit
<b>Behavioral health</b>				
• Medical and non-medical professional visits	20% after deductible	\$25	20% after deductible	\$12 group/\$25 individual
• Inpatient residential treatment	20% after deductible	\$300 per stay	20% after deductible	\$300 per admission
• Intensive outpatient treatment (IOP)	20% after deductible	\$125 per episode of care	20% after deductible	\$12 group/\$25 individual
<b>Employee Assistance Program (EAP)</b> Up to 4 visits per incident	\$0	\$0	\$0	\$0
<b>Prescription drugs – mandatory generic</b>				
<b>Retail Pharmacy</b>	Up to 34-day supply 20% after deductible	Up to 34-day supply \$15/\$30/\$45/\$55	Up to 34-day supply 20% after deductible	Up to 30-day supply Medical center: \$15/\$25/\$40  Community participating: \$20/\$45/\$60 (3 x copayment for 90 days)
<b>Home Delivery Pharmacy</b>	Up to 90-day supply 20% after deductible	Up to 90-day supply \$30/ \$60/\$90/\$110	Up to 90-day supply 20% after deductible	Up to 30-day supply \$13/\$23/\$38 (2 x copayment for 90 days)

## 2015 Benefits at a Glance

	COVA HealthAware (Aetna)	COVA Care (Anthem)	COVA HDHP (Anthem)	Kaiser Permanente HMO (Kaiser)
In-Network Benefits	You Pay	You Pay	You Pay	You Pay
<b>Wellness &amp; Preventive Services</b>	\$0	\$0	\$0	\$0
<ul style="list-style-type: none"> <li>Office visits at specified intervals, immunizations, lab and x-rays</li> <li>Annual check-up visit (primary care physician or specialist), immunizations, lab and x-rays</li> <li>Routine gynecological exam, Pap test, mammography screening, prostate exam (digital rectal exam), prostate specific antigen (PSA) test and colorectal cancer screening</li> </ul>				
<b>Annual Routine Vision Exam</b>	\$0	Buy-up option	Not available	\$25 PCP/\$40 specialist
<b>Annual Routine Hearing Exam</b>	\$0	Buy-up option	Not available	\$25 PCP/\$40 specialist
<b>Dental Services</b>				
<ul style="list-style-type: none"> <li>Diagnostic and preventive</li> </ul>	\$0	\$0	\$0	See fee schedule
<b>Expanded Dental</b>	<b>Optional Benefit*:</b>	<b>Optional Benefit*:</b>	<b>Optional Benefit*:</b>	
<ul style="list-style-type: none"> <li>Maximum benefit – per member</li> </ul>	\$2,000	\$2,000	\$2,000	\$1,000
<ul style="list-style-type: none"> <li>Deductible</li> </ul>	\$50/\$100/\$150	\$50/\$100/\$150	\$50/\$100/\$150	\$25 per person
<ul style="list-style-type: none"> <li>Primary (basic) care</li> </ul>	20% after deductible	20% after deductible	20% after deductible	See fee schedule
<ul style="list-style-type: none"> <li>Complex restorative (inlays, onlays, crowns, dentures, bridgework)</li> </ul>	50% after deductible	50% after deductible	50% after deductible	See fee schedule
<ul style="list-style-type: none"> <li>Orthodontic</li> </ul>	50% no deductible	50% no deductible	50% no deductible	See fee schedule
<ul style="list-style-type: none"> <li>- Lifetime maximum benefit</li> </ul>	\$2,000	\$2,000	\$2,000	\$1,000 (age 19 and under)
<b>Routine Vision</b> (once every plan year)	<b>Optional Benefit*:</b>	<b>Optional Benefit*:</b>	Not available	
<ul style="list-style-type: none"> <li>Routine eye exam</li> </ul>	Included in basic plan	\$40		Included in basic plan
<ul style="list-style-type: none"> <li>Eyeglass frames</li> </ul>	20% off balance after plan pays first \$100	20% off balance after plan pays first \$100		25% discount
<ul style="list-style-type: none"> <li>Lenses</li> </ul>				
<ul style="list-style-type: none"> <li>- Eyeglass lenses (<i>standard plastic, single, bifocal or trifocal</i>) or</li> </ul>	\$20	\$20		25% discount
<ul style="list-style-type: none"> <li>- Contact lenses</li> </ul>				
<ul style="list-style-type: none"> <li>Conventional** or disposable**</li> </ul>	15% off balance after plan pays \$100	15% off balance after plan pays \$100		15% discount off initial fitting and pair
<ul style="list-style-type: none"> <li>Non-elective**</li> </ul>	Balance after plan pays \$250	Balance after plan pays \$250		15% discount off initial fitting and pair
				Pediatric Eyewear - contact Kaiser
<b>Routine Hearing</b>		<b>Optional Benefit*:</b>		
<ul style="list-style-type: none"> <li>Routine hearing exam</li> </ul>	Included in basic plan (once every plan year)	\$40 (once every plan year)	Not available	Included in basic plan (once every plan year)
<ul style="list-style-type: none"> <li>Hearing aids and other hearing-aid related services (once every 48 months)</li> </ul>	Not available	Balance after plan pays \$1,200	Not available	Not available
<ul style="list-style-type: none"> <li>Benefit maximum</li> </ul>		\$1,200		
<b>Out-of-Network</b>	<b>Included in basic plan:</b>	<b>Optional Benefit*:</b>		
	Additional deductible and out-of-pocket limits apply. 40% coinsurance after deductible. Provider may balance bill for amount above allowable charge.	Plan payment reduced by 25%. Provider may balance bill for amount above allowable charge.	Not available	Not available

Highlighted text indicates benefit change.

\*Options are offered for an additional premium, and may be purchased in combinations as shown on the monthly premiums chart.

\*\*Elective contact lenses are in lieu of eyeglass lenses. Non-elective lenses are covered when eyeglasses are not an option for vision correction.

This is only an overview of your health care benefits. For details, see the appropriate Member Handbook or plan document, or [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov).

The program also offers the TRICARE voluntary supplement, which coordinates with federal TRICARE benefits.

# Your Next Doctor's Appointment Could Be Online

Having cold or flu symptoms? A sore throat? Allergies? Talk to a doctor anytime, anywhere! Your state health plans have enhanced your benefits so that you can discuss common health issues right away with a doctor using your smartphone, tablet or computer with a webcam. You can pay for your online visit with a credit card.

## COVA Care and COVA HDHP — LiveHealth Online

You can contact a doctor 24/7 when you download the LiveHealth app or sign up at [www.livehealthonline.com](http://www.livehealthonline.com). Select a doctor from a broad network of U.S. board-certified doctors who average 15 years of experience practicing medicine and are specially trained for online visits. **COVA Care:** Your cost is a \$25 primary care copay. **COVA HDHP:** You pay \$49 per consultation and the cost goes toward your deductible. Once the deductible is met, you pay 20 percent coinsurance.

## COVA HealthAware — Teladoc

You and your enrolled family members have 24/7/365 access to U.S. board-certified doctors and pediatricians who can diagnose and recommend treatment by phone or online video, and prescribe medications—all for less than a traditional doctor's visit! You pay \$40 per consultation, which applies to your deductible and can be paid from your HRA. When the deductible has been met, you pay 20 percent coinsurance. Visit [www.teladoc.com/aetna](http://www.teladoc.com/aetna) or call 1-855-Teladoc to learn more, set up an account or request a consultation.

## Kaiser Permanente — Video Chat

You may talk with a doctor via online video 24/7 at no extra cost. Call the Kaiser medical advice line at 703-359-7878 and a registered nurse will determine if your condition qualifies. If it does, you'll be set up with a link to talk with the doctor, who has your health record, can prescribe medicine and make follow-up appointments.

## These ActiveHealth Programs Help You Focus on Good Health!

Getting healthier requires daily commitment, and your state health plans are here to help you! COVA Care, COVA HealthAware and COVA HDHP members receive free health and wellness programs, and online tools, through ActiveHealth Management.

Once enrolled, be sure to visit [www.myactivehealth.com/cova](http://www.myactivehealth.com/cova) to set up your personal health profile and find multiple resources to help you live healthier. MyActiveHealth is the “umbrella” for your *Healthy Lifestyles* coaching, *Healthy Insights* disease management and *Healthy Beginnings* maternity management programs.

COVA Care and COVA HealthAware members may also receive incentives. You sign up with MyActiveHealth for *Healthy Insights* incentive programs to help you better manage diabetes, hypertension, asthma, and COPD. The *Healthy Beginnings* incentive is for expectant mothers in these plans, with a goal of healthier pregnancies and babies.

When requirements are met, members receive:

- **Certain prescription drugs and supplies** at no cost for diabetes management.
- **Certain prescription drugs** at no cost for hypertension, asthma and COPD management.
- **Either a hospital copayment waiver or an HRA contribution**, for the *Healthy Beginnings* maternity management program.

Regardless of your status, you may want to update your personal health portal on MyActiveHealth. Consider using your wellness benefits every year for better health!

### About MyActiveHealth Security:

Safeguards are in place to ensure that your personal information, and all data from your health assessment and biometric screening, is completely secure. This information is available to you and also to your doctor at your request. It is not available to your employer. The ActiveHealth program will use this information to identify possible health issues to help you and your doctor track and improve your health. Participation is voluntary.

### COVA Care, COVA HealthAware & COVA HDHP

- **Healthy Lifestyles** Tools and Coaching
- **Healthy Beginnings** for Mothers and Babies
- **Healthy Insights** to better manage chronic diseases

### MyActiveHealth Better Health for You and Your Family

[myactivehealth.com/cova](http://myactivehealth.com/cova)

866-938-0349

Multiple online resources

### COVA Care, COVA HealthAware

- Certain free prescriptions when requirements are met for members with:
  - Diabetes
  - Hypertension
  - Asthma and COPD
- *Healthy Beginnings* hospital copayment waiver or HRA contribution, depending on the plan, when requirements are met.



# Flexible Spending Accounts (FSAs)

## Keep More of Your Cash with an FSA

Do you want to pay less in taxes? Enrolling in a flexible spending account (FSA) is one way to help you save money. You can enroll in one or both FSAs if you are eligible for health benefits, even if you are not enrolled in a state health plan.

The **Health FSA** lets you use your pre-tax dollars to pay for eligible health care expenses.

### What Expenses Are Eligible?

- Copays, coinsurance and deductibles.
- Other out-of-pocket eligible medical expenses.
- See the FSA Sourcebook or IRS Publication 502.

The **Dependent Care FSA** is used to pay for work-related Dependent Care expenses.

### What Expenses Are Eligible?

- Care for your child under the age of 13.
- Care for your qualifying child, spouse or relative who is physically or mentally incapable of self-care and lives in your home more than half the year.
- See the FSA Sourcebook or IRS Publication 503.

## NEW FOR JULY 1, 2015

The **maximum contribution** you can make to a Health FSA increases to **\$2,550**.

**Failure to resolve improper FSA payments** on time will result in:

- Deactivation of your benefit card.
- Applying any paper claims submitted after that date toward the balance you owe.
- Withholding funds from your pay.
- Reclassification of FSA funds as taxable income.

## Pay the Convenient Way

You'll receive an Elite Visa® Benefit Card in the mail after you enroll in a Health FSA. Once activated, it gives you instant access to your Health FSA funds – all you do is swipe your card and go!

You simply pay for eligible health care expenses at most merchants where Visa is accepted. Some transactions will require “after the fact” validation.

- Be sure to pay special attention to Health FSA card transactions that require additional documentation.

## Important FSA Facts and Figures

### Maximum FSA contributions:

- **Health FSA:** Up to \$2,550
- **Dependent Care FSA:** Up to \$5,000, depending on your tax filing status

### Minimum FSA contribution:

- \$10 per pay period

### Administrative fee:

- \$3.65 deducted monthly on a pre-tax basis

### Use it or lose it!

- Be sure to submit claims for reimbursement by the filing deadline or you will forfeit your FSA funds.
- If your account is for only part of the plan year, you may file FSA claims up to three months after your coverage period ends.
- If your account ends on June 30, 2016, you have until Sept. 30, 2016, to file for reimbursement.

### If you enroll in COVA HealthAware:

- The health reimbursement arrangement (HRA) pays first for certain eligible medical expenses.
- Keep this in mind as you plan for a Health FSA.

**Additional FSA details:** Review your FSA Sourcebook or visit [www.anthem.com/cova](http://www.anthem.com/cova).

**Your online account:** Register online at [benefitadminsolutions.com/anthem](http://benefitadminsolutions.com/anthem) to get the most out of your FSA. Manage your account online and keep track of all your transactions, including those that need additional documentation. Once you have set up your unique login information you can check your account balance, submit online reimbursement requests, keep up with card purchases and more!



This card is issued by UMB Bank, n.a. pursuant to a license from Visa U.S.A. Inc. This service is administered independently by CONEXIS, a division of WageWorks, Inc.



**Questions? Call Anthem FSA Member Services at 877-451-7244.**

## There's More to Read in Your Open Enrollment Package

Be sure to look at the other contents of the envelope containing your Open Enrollment materials, including:

- Flyers from your health plans with more details to help you decide which plan is right for you;
- A Summary of Benefits and Coverage for your current plan;
- A Children's Health Insurance Plan (CHIP) and other important health care notices; and
- A flyer with information on the eligibility of state employees' children for the FAMIS plan administered by the Department of Medical Assistance Services (DMAS).

**NOTE:** If you remove your child from state health coverage and they do not qualify for FAMIS, you must wait until the next annual Open Enrollment or a valid qualifying mid-year event (QME) which would allow you to re-enroll your child in a state plan.

## NEED ASSISTANCE?

PLAN OR BENEFIT	WHO TO CONTACT
<b>COVA Care and COVA HDHP</b>	<p><b>Medical, Prescription Drug, Vision, Hearing &amp; Behavioral Health Benefits</b> Anthem Blue Cross and Blue Shield: <b>800-552-2682</b> or <a href="http://www.anthem.com/cova">www.anthem.com/cova</a></p> <hr/> <p><b>Dental Benefits</b> Delta Dental of Virginia: <b>888-335-8296</b> or <a href="http://www.deltadentalva.com">www.deltadentalva.com</a></p> <hr/> <p><b>Employee Assistance Program (EAP)</b> Anthem: <b>855-223-9277</b> or <a href="http://www.anthemEAP.com">www.anthemEAP.com</a></p>
<b>COVA HealthAware</b>	<p><b>Medical, Prescription Drug, Vision, Hearing, Dental &amp; Behavioral Health Benefits</b> Aetna: <b>855-414-1901</b> or <a href="http://www.covahealthaware.com">www.covahealthaware.com</a></p> <hr/> <p><b>Employee Assistance Program (EAP)</b> Aetna: <b>888-238-6232</b> or <a href="http://www.covahealthaware.com">www.covahealthaware.com</a></p>
<b>Kaiser Permanente HMO</b>	<p><b>Medical, Prescription Drug and Vision Benefits</b> Kaiser Permanente: <b>800-777-7902</b>, <b>(301) 468-6000</b> in Washington, D.C. or <a href="http://my.kaiserpermanente.org/mida/commonwealthofvirginia">http://my.kaiserpermanente.org/mida/commonwealthofvirginia</a></p> <hr/> <p><b>Dental Benefits</b> Dominion Dental: <b>888-518-5338</b></p> <hr/> <p><b>Behavioral Health</b> Kaiser: <b>1-866-530-8778</b></p> <hr/> <p><b>Employee Assistance Program (EAP)</b> ValueOptions: <b>866-517-7042</b></p>
<b>TRICARE Supplement</b>	Selman Company/ASI (SelmanCo ASI): <b>866-637-9911</b>
<b>Flexible Spending Accounts (FSA)</b>	<p>Anthem FSA: <b>877-451-7244</b> or <a href="http://www.anthem.com/cova">www.anthem.com/cova</a> Participants only: <a href="http://www.benefitadminsolutions.com/anthem">www.benefitadminsolutions.com/anthem</a></p>
<b>MyActiveHealth Program</b>	Active Health Management: <b>866-938-0349</b> or <a href="http://www.myactivehealth.com/cova">www.myactivehealth.com/cova</a>
<b>ALEX Benefits Counselor</b>	<a href="http://www.alexforcova.com">www.alexforcova.com</a>
<b>Department of Human Resource Management</b>	<p><a href="http://www.dhrm.virginia.gov">www.dhrm.virginia.gov</a> Office of Health Benefits: <a href="mailto:openenrollment@dhrm.virginia.gov">openenrollment@dhrm.virginia.gov</a> EmployeeDirect: <a href="mailto:edirect@dhrm.virginia.gov">edirect@dhrm.virginia.gov</a></p>



Virginia Department of Human Resource Management